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DEPARTMENT OF ECOLOGY UNDERGROUND STORAGE TANKS



UNDERGROUND STORAGE TANK

Permanent Closure/Change-In-Service Checklist

DEC 0 2 1992

The purpose of this form is to certify the proper closure/change-in-service of underground storage tank (UST) systems. These activities must be conducted in accordance with Chapter 173.360 WAC. Washington State UST rules require the tank owner or operator to notify Ecology in writing 30 days prior to closure or change-in-service of tanks. This must be done by completing the 30 Day Notice form (ECY 010-155).

This Permanent Closure Checklist shall be completed and signed by a Licensed Decommissioning Supervisor. The supervisor shall be on site when all tank permanent closure/change-in-service activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist must be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping), except that UST systems at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of the completion of the closure or change-in-service.

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1. UST SYSTEM OV	INER AND LOCATION	2008年1月1日(中国省份基本的	指引使特殊性的特殊	等。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Site Owner/Operator:	Holnam, Inc.	•		
Owners Address:	5400 West Marginal	Way S.W		
	Seattle	WA		P.O. Box 98106
	City	State		ZIP-Code
Telephone:	(206) 937-8025			USEPA SF
012 10 11 1 2 4 3 1	t on allele of the state of the		·	
Site ID Number (on invo	lice or available from Ecology if tar	nk is registered)		1185479
Site/Business Name:	in the last of the			
Site Address:	5400 West Marginal	Way S.W		KING
	Street	WA	!	98106
	City	State		ZIP-Code
2. TANK PERMANE	NT CLOSURE/CHANGE-IN-S	ERVICE PERFORMED BY		
Firm:	Lee Morse General	Contractor, Inc.	License Number:	S000027
Address:	11017 16th Ave S.W	·		<u></u>
	Seattle Street	WA		P.O. Box 98146
Telephone:	City (206) 241-8265	State		ZIP-Code
Licensed Supervisor:	Ron Berry		Decommissioning License Number:	W000620
				•

This page must be completed securately for each tank permanently close discommissioned) or change-in-service at the site. For additional tanks you may photocopy this form page to completing.

3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION		iiiida	
1. Tank ID Number (as registered with Ecology): 1 2. Year installed: 1966			<u> </u>
3. Tank capacity in gallons: 1,000 4. Date of last use:			
5. Last substance stored: Gasoline 6. Date of closure/change-in-s	ervice:	9-2-9	2
7. Type of closure: Closure with Tank Removal XX In-place Closure C	ange-in-Se	orvice [
If in-place closure is used, the tank has been filled with the following substance:			
If change-in-service, indicate new substance stored in tank:			
10. Local permit(s) (if any) obtained from: Seattle Fire Department			
Always contact local authorities regarding permit requirements.			
11. Has a site assessment been completed? Yes XX No			
Unless an external release detection system is operating at the time of closure or change in service, and a report is 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person register Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment.	ed with the E	Departmen	t of
4. CHECKLIST	region and		图 / [2]
Each item of the following checklist shall be initialed by the licensed supervisor whose signature	appears b	elow. No	NA*
Has all liquid been removed from product lines?	1		
2. Has all product piping been capped or removed?	V	, ,	1
3. Have all non-product lines been capped or removed?			
4. Have all liquid and accumulated sludges been removed from the tank?		<u> </u>	
5. Has the tank been properly purged or inerted?	V		
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	~		
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	V		
8. Have all sludges removed from the tank been designated and disposed of in accordance with the state of Washington's dangerous waste regulations (Chapter 173-303 WAC)?	V		
If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	~		
*Item not applicable			
I hereby certify that I have been the licensed supervisor present on site during the above listed permanen the best of my knowledge they have been conducted in compliance with all applicable state and federal liprocedures pertaining to underground storage tanks.	t closure a aws, regula	ctivities d itions an	and to d
Persons submitting false information are subject to penalties under Chapter 173.360 WAC.			
Date The Signature of Licensed Supervisor Date Date		····	
5. ADDITIONAL REQUIRED SIGNATURES	e in the diversion of		
	1975年1986年1985年198年	(14年1月27日)	<u> 2008 - 1 - 2</u>
Date Signature of Licensed Selvice Physicler (firm) Owner or Authorized Representative			
11-30-92 Sua K Hand			

This page must be completed so rately for each tank permanently close decommissioned) or changein-service at the site. For additional tanks you may photocopy this form page to completing.

3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION	HILL		N. W.
Tank ID Number (as registered with Ecology):2			
3. Tank capacity in gallons: 1,000 4. Date of last use:		<u> </u>	···
5. Last substance stored: Diesel 6. Date of closure/change-in-s	ervice:	9-2-9	2
[]	ange-in-Se	Г	
If in-place closure is used, the tank has been filled with the following substance:			
9. If change-in-service, Indicate new substance stored in tank:	·		 .
10. Local permit(s) (if any) obtained from: Seattle Fire Department	<u> </u>		
Always contact local authorities regarding permit requirements.			
11. Has a site assessment been completed? Yes XX			
Unless an external release detection system is operating at the time of closure or change in service, and a report is 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person register Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment C	ed with the E	epartmen	nt of
4. CHECKLIST			
Each item of the following checklist shall be initialed by the licensed supervisor whose signature	appears b	elow. No	NA*
Has all liquid been removed from product lines?		140	
2. Has all product piping been capped or removed?			,
Have all non-product lines been capped or removed?			
4. Have all liquid and accumulated sludges been removed from the tank?			
5. Has the tank been properly purged or inerted?			
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?			
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.			
8. Have all sludges removed from the tank been designated and disposed of in accordance with the state of Washington's dangerous waste regulations (Chapter 173-303 WAC)?		·	
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?			
*Item not applicable	. •		
I hereby certify that I have been the licensed supervisor present on site during the above listed permanen the best of my knowledge they have been conducted in compliance with all applicable state and federal l procedures pertaining to underground storage tanks.	t closure ac aws, regula	ctivities d itions an	ind to d
Persons submitting false information are subject to penalties under Chapter 173.360 WAC.			
Date Signature of Licensed Supervisor			
5. ADDITIONAL REQUIRED SIGNATURES			
11-10-92			·
Date Signature of Licensed Service Provider (firm) Owner or Authorized Representative 11 - 36 - 97			
Date Signature of Tank Owner or Authorized Representative		· · · ·	

This page must be completed so rately for each tank permanently close relecommissioned) or change-in-service at the site. For additional tanks you may photocopy this form property to completing.

3. TANK CLOSURE/CHANGE:IN-SERVICE INFORMATION	THURST HERE
Tank ID Number (as registered with Ecology): 3 2. Year installed:	1976
3. Tank capacity in gallons: 1,000 4. Date of last use:	
5. Last substance stored: Gasoline 6. Date of closure/change	e-in-service: 9-2-92
7. Type of closure: Closure with Tank Removal XXX In-place Closure	Change-in-Service
If in-place closure is used, the tank has been filled with the following substance:	
9. If change-in-service, Indicate new substance stored in tank:	
10. Local permit(s) (if any) obtained from: Seattle Fire Department	
Always contact local authorities regarding permit requirements.	
11. Has a site assessment been completed? Yes XX No	·
Unless an external release detection system is operating at the time of closure or change in service, and a rep 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person reg Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment	gistered with the Department of
4. CHECKLIST	
Each item of the following checklist shall be initialed by the licensed supervisor whose signa	ature appears below. Yes No NA*
Has all liquid been removed from product lines?	
2. Has all product piping been capped or removed?	
3. Have all non-product lines been capped or removed?	
4. Have all liquid and accumulated sludges been removed from the tank?	
5. Has the tank been properly purged or inerted?	
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole	е. 🗸
8. Have all sludges removed from the tank been designated and disposed of in accordance with the of Washington's dangerous waste regulations (Chapter 173-303 WAC)?	state
If removed, was tank properly labeled and disposed of in accordance with all applicable local, stat and federal regulations?	θ /
*Item not applicable I hereby certify that I have been the licensed supervisor present on site during the above listed permu	anent closure activities and to
the best of my knowledge they have been conducted in compliance with all applicable state and fede procedures pertaining to underground storage tanks.	eral laws, regulations and
Persons submitting false information are subject to penalties under Chapter 173.360 WAC.	
11-6-92 Date Row Bowy Signature of Licensed Supervisor	
5. ADDITIONAL REQUIRED SIGNATURES	
11-6-92	
Date Signature of Licensed Service (roy der (fling) Owner or Suthorized Represent	lative
Date Signature of Tank Owner or Authorized Representative	

EPARTMENT OF ECOLOGY



UNDERGROUND STORAGE TANK Installation Checklist

UNDERGRALIND STORAGE TANKS

DEC 0 2 1992

The purpose of this form is to certify the proper installation of underground storage tank (UST) systems. Installation shall be in accordance with Chapter 173.360 WAC. Washington State UST rules also require submittal of a Notification form (ECY 020-32) within 30 days of bringing any newly installed UST system into use.

This Installation Checklist shall be completed and signed by a Licensed Installation and Retrofitting Supervisor. The licensed supervisor shall be on site when all tank installation activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities in section 4 have been supervised by a different licensed supervisor, a separate checklist must be filled out and signed by the licensed supervisor performing those activities.

All required tank and line tightness testing during and upon completion of UST system installation shall be separately certified by a licensed tightness testing supervisor on the Tightness Testing Checklist. All required installation and testing of cathodic protection systems upon completion of UST system installation shall be separately certified by a licensed cathodic protection supervisor on the Cathodic Protection Checklist. If the tank is pre-engineered for cathodic protection a corrosion expert is still required to design the field installation of any piping corrosion protection.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address within 30 days after completing the installation:

1. UST SYSTEM OW	NER AND LOCATION	於數數學學學 [4] [2]		
UST Owner/Operator:	Holnam, Inc.			
Owners Address:	5400 West Margina	l Way S.W		
	Street Seattle	WA		P.O. Box 98106
T 1 1 2	City	State		ZIP-Code
Telephone:	(206) 937-8025			
Site ID Number (on invo	ice or available from Ecology if ot	her tanks have been regis	stered at this site): 00	3835
Site/Business Name:	Holnam, Inc.		· · · · · · · · · · · · · · · · · · ·	
Site Address:	5400 West Margina	l Way S.W		KING
	Street Seattle	WA		98106
	City	State		ZIP-Code
2. TANK INSTALLAT	TION PERFORMED BY:			
Firm:	Lee Morse General	Contractor, I	nc . License Number:	S000027
Address:	11017 16th Ave S.	W , ,		
	Seattle	WA		P.O. Box 98146
	City	State		ZIP-Code
Telephone:	(206) 241-8265			
Licensed Supervisor:	Jeff Dennison	· · · · · · · · · · · · · · · · · · ·	Installation/Retrofitti License Number:	ng W001256

3. AS-BUILT SITE PLAN

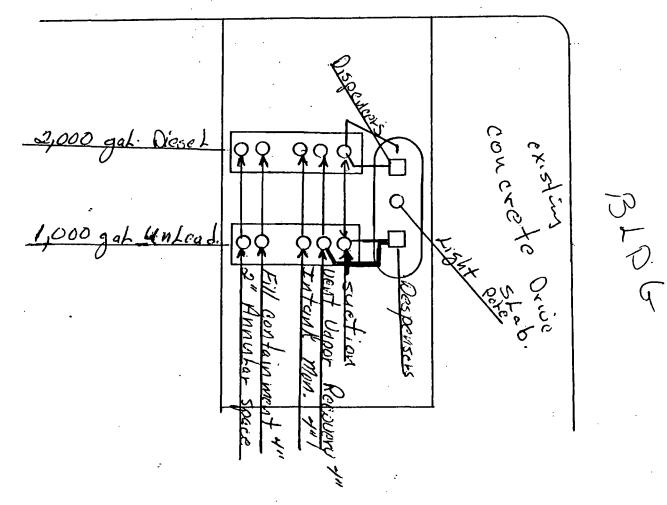
An as-built site plan of the tank and piping system installation must be shown in the space provided below. Show North arrow and nearest street(s). Indicate tank and piping dimensions and distances to adjacent structures and property lines. Show the location and configuration of the completed installation. Show adjacent structures. Indicate tank ID number for each tank shown. The tank ID should be the same tank ID number provided by the owner/operator on the Notification form.

Date installation was completed:

11-19-92

N W E

BIPG



Always contact local authorities regarding permit requirements.

_		vor didektira:	Salah Bilahan sa	adio kataka
1.	CHECKLIST			
	Each item of the following checklist shall be initialed by the licensed supervisor whose signature a completion of work described in that item.	ppears o	ciow <i>up</i> e	o n
	Preinstallation Inspection and Testing	Yes	No	NA:
1.	Have all damaged coating areas (holidays) been repaired with compatible coating according to tank manufacturer's recommendations?	\times		<u> </u>
2.	Have tank and piping fittings been checked for tightness?	\times		
3.	Has tank been air (soap) tested?	\times		
4.	If double walled tank, have inner tank and interstitial space been pressure tested in accordance with manufacturer's recommendations for double walled tanks?	×		
5.	If steel tank(s), has any plastic wrapping over anodes been removed?		X	
В.	Installation		,	
_	Has bedding depth below tank(s) and piping been provided per code and manufacturer's requirements?	X		
2.	Have cover depths above tank(s) and piping been provided per code and manufacturer's requirements?	X		
3.	Have tanks been installed with spacing between tank(s) and sides of excavation per code and manufacturer's requirements?	×		
4.	If concrete holddown pad is used, is bedding thickness between tank and holddown pad per code and manufacturer's requirements?			×
5.	Does bedding and backfill material used meet all code and manufacturer's requirements?	×		
6.	Has bedding and backfill material surrounding tank(s) and piping been placed per code and manufacturer's requirements?	×		
7.	If hold down straps are used on steel tank(s), is tank electrically isolated from holddown strap?			X
8.	If anchoring or supplemental holddown is required, has it been installed per code and manufacturer's requirements?			X
9.	Has tank vertical deflection been measured and found within limits specified by manufacturer?	X		
0	Has all piping been installed per code and piping manufacturer's recommendations?	X		
1.	Has all piping been pressure tested per code prior to backfilling and connection to the tank?	X		
2.	Has electrical isolation of flanged metallic piping connections been verified?	X		
3	Prior to backfilling over steel tank has electrical isolation from all metallic piping and equipment been verified?	X		
4.	Has overfill prevention and spill containment equipment been installed per code and manufacturer's recommendations?	X		
5.	Have release detection systems been installed and calibrated per code and manufacturer's requirements?	X		
*	tem not applicable			
m ui	nereby certify that I have been the licensed supervisor present on site during the above listed installation of y knowledge they have been conducted in compliance with all state and federal laws, regulations and pro- nderground storage tanks.	activities ocedures	and to th pertainin	e best ng to
P	ersons submitting false information are subject to penalties under Chapter 173.360 WAC.			
-	Date Signature of Licensed Supervisor			
5.	ADDITIONAL REQUIRED SIGNATURES			湖縣鄉
	11-18-92 Mayon			
	Date 11-30-92 Signature of Licensed Service Provider (firm) Owner or Authorized Representative			
	Date Signature of Tank Owner or Authorized Representative			

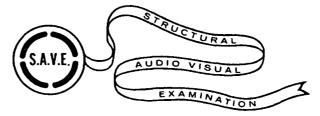
OTTO ROSENAU & ASSOCIATES, INC.

CONSTRUCTION INSPECTION & TESTING

6747 M. L. King Way South

Seattle, WA 98118

(206) 725-4600 • Tacoma 627-4477 • Fax (206) 723-2221



REPORT OF TANK INSTALLATION

PROJECT:

Holnam Inc.

PERMIT NUMBER:

ADDRESS:

5400 W. Marginal Way, Seattle

JOB NUMBER: 92

92-287

ARCHITECT:

ENGINEER:

CONTRACTOR: Lee Morse General Contracting, Inc.

INSPECTED AT: Job site

INSPECTOR AND DATE

INSPECTOR'S REMARKS

F. Rose 10-20-92

At new fueling facility, pipes and tanks installed per revised plans. Two tanks instead of one divided and laying east-west instead of north-south.

Tanks are bedded in 3/8" washed pea gravel. Five pound pressure test had been on for two days.

2000 gallon tank - ULJ363797 1000 gallon tank - ULJ363798



cc:

Owner

Architect

Engineer

1-Contractor

Bldg. Dept.



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist



DEPT. OF ECOLOGY

DEC D 2 1992

The purpose of this form is to certify the proper investigation of an UST site for the presence of a release. These activities shall be conducted in accordance with Chapter 173.360 WAC. A description of the various situations requiring a site check or site assessment is provided in the guidance document for UST site checks and site assessments.

This Site Check/Site Assessment Checklist shall be completed and signed by a person registered with the Department of Ecology to perform site assessments.

Two copies of the results of the site check or site assessment should be included with this checklist according to the reporting requirements in the guidance document for UST site checks and site assessments.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address:

INC# 3004

I. UST SYSTEM OWI	NER AND LOCATION	(1) 新元,《 第 88》	中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国
JST Owner/Operator:	Holnam, Inc.		
Owners Address:	5400 West Marginal Way	SW	
			P.O. Box
•	Seattle, WA 98106	Slate	ZIP-Code
Telephone:	(206) 937-8025		
Site ID Number (on invoi	ce or available from Ecology if tank is registere	d): 00383	35
Site/Business Name:	Holnam, Inc.		
Site Address:	5400 West Marginal Way	SW	
	Suect		County
	Souttle Washington O	8106	
	Seattle, Washington 9	3 1 0 6 Slate	ZP-Code
2. SITE CHECK/SITE			ZP-Code
	City		
Registered Person:	E ASSESSMENT CONDUCTED BY:		
Registered Person:	City E ASSESSMENT CONDUCTED BY: Ken A. Beaulaurier 200 South 333rd Street Street	Slate	120 P.O. Box
2. SITE CHECK/SITE Registered Person: Address:	City E ASSESSMENT CONDUCTED BY: Ken A. Beaulaurier 200 South 333rd Street	Slate	120

	4 ENGLISHED TO A STATE OF THE S	كــــــ	بــــ
3.	TANK-INFORMATION STATE S	er en	, r .
1.	Tank ID Number (as registered with Ecology): 1 2. Year installed: 1966		
3.	Tank capacity in gallons: 1,000 gallon 4. Last substance stored: Gasoline		
4	REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT		造。 於 的 即
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	or the continuent	
С	heck one:		İ
	Investigate suspected release due to on-site environmental contamination		l
	Investigate suspected release due to off-site environmental contamination		j
	Extend temporary closure of UST system for more than 12 months		
	UST system undergoing change-in-service		
	UST system permanently closed-in-place		
	XX UST system permanently closed with tank removed		
	Required by Ecology or delegated agency for UST system closed before December 22, 1988	•	
	Other (describe):		
5.	CHECKLIST	daile.	
	Each item of the following checklist shall be initialed by the person registered with the Department of Eco	logy who	ose
	signature appears below.		
		Yes	No
1.	Has the site check/site assessment been conducted according to applicable procedures specified in the UST site check/site assessment guidance issued by the Department of Ecology?		
2.	Has a release from the UST system been confirmed?		
	NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.	V	
3.	Are the results of the site check/site assessment enclosed with this checklist?		
	NOTE: Two copies of the site check/site assessment results must be submitted to the Department of Ecology according to the reporting requirements specified in the UST site check/site assessment guidance.		
	I hereby certify that I have been in responsible charge of performing the site check/site assessment described above Persons submitting false information are subject to penalties under Chapter 173.360 WAC.	ove.	
_	1/-5-92 Signature of Person Registered with Ecology		
6	. OWNER'S SIGNATURE		
	11-30-22 Signature of Tank Owner or Authorized Representative		
1			



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

DEPARTMENT OF ECOLOGY INDERGROUND STORAGE TANKS

DEC 0 2 1992

The purpose of this form is to certify the proper investigation of an UST site for the presence of a release. These activities shall be conducted in accordance with Chapter 173.360 WAC. A description of the various situations requiring a site check or site assessment is provided in the guidance document for UST site checks and site assessments.

This Site Check/Site Assessment Checklist shall be completed and signed by a person registered with the Department of Ecology to perform site assessments.

Two copies of the results of the site check or site assessment should be included with this checklist according to the reporting requirements in the guidance document for UST site checks and site assessments.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address:

UCT Owner/Opposited					
UST Owner/Operator:	Holnam, Inc.				
Owners Address:	5400 West Marginal Way	SW			
				P.O. Box	
	Seattle, WA 98106	State		ZIP-Code	
Telephone:	(206) 937-8025	_	·		
Cita ID Number (on ince	ing as available from England if took in regions	». OC	3835		
Sae in Mamber (on invo	oice or available from Ecology if tank is register	ea):			
Site/Business Name:	Holnam, Inc.				
Site Address:	5400 West Marginal Way	sw			
	Street			County	
	Seattle, Washington S	98106		· · · · · · · · · · · · · · · · · · ·	
	City	State		ZIP-Code	
2. SITE CHECK/SIT	E ASSESSMENT CONDUCTED BY:				gg : ·
Registered Person:	Ken A. Beaulaurier				
·.		Cu	ite 120		
Address:	200 South 333rd Street	Su	1 CE 120	P.O. Box	
	Federal Way	. WA		98003-6735	
	City	State		ZIP-Code	

3.	TANKINFORMATION		<u></u>	and a second	The state of the s	•
1.	. Tank ID Number (as registered with Ecolo	ogy):2	2. Year installed:	1966	1!	
3.	3. Tank capacity in gailons:1	,000 gallon	4. Last substance s	tored: <u>D</u>	iesel	
ووق م	· 建水油铁铁铁铁 电影使用等 化氯铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁	the free was for the first of the	Marie de la companya	d talkin negar in deserve the test	No. dia comparability discount and likewood in	'Ou aworo'
4.	REASON FOR CONDUCTING SITE	CHECK/SITE ASSES	SMENT	大小村本村		建筑建
C	Check one:		•			
	Investigate suspected release	due to on-site environme	ental contamination			
	Investigate suspected release					
	Extend temporary closure of U				•	
	UST system undergoing chan	•				
	UST system permanently close	ed-in-place				
	XX UST system permanently clos	ed with tank removed				
	Required by Ecology or deleg	ated agency for UST sys	tem closed before Decemb	per 22, 1988		
	Other (describe):					!
5.	. CHECKLIST			ति । १५ क्षा १		
	Each item of the following checklist sh	all be initialed by the p	erson registered with the	Department	of Ecology who	ose
ţ	signature appears below.					
1						
					Yes	No
1.	. Has the site check/site assessment been site check/site assessment guidance issu			ecified in the L		No
1.				ecified in the L		No
		ued by the Department of		ecified in the L		No
	site check/site assessment guidance issu	ued by the Department of new confirmed?	f Ecology?		JST	No
2.	site check/site assessment guidance issu Has a release from the UST system beer NOTE: Owners/operators must report all confi	n confirmed?	f Ecology? rtment of Ecology or delegated		JST	No
2.	. Has a release from the UST system beer NOTE: Owners/operators must report all confidence.	n confirmed? Firmed releases to the Department enclosed with the assess to the subsection of the section of th	rtment of Ecology or delegated is checklist?	d agency within	JST J24	No
2.	Has a release from the UST system beer NOTE: Owners/operators must report all confidence. Are the results of the site check/site assertions.	n confirmed? Firmed releases to the Department enclosed with the assess to the subsection of the section of th	rtment of Ecology or delegated is checklist?	d agency within	JST J24	No
2.	Has a release from the UST system beer NOTE: Owners/operators must report all confidence. Are the results of the site check/site assertions.	n confirmed? Tirmed releases to the Department of the Department enclosed with the sesment results must be subtite check/site assessment of	tecology? It Ecology? It ment of Ecology or delegated is checklist? It is checklist?	d agency within cology accordir	JST 24 ang to the	No
2.	site check/site assessment guidance issue. Has a release from the UST system been NOTE: Owners/operators must report all confidence. Are the results of the site check/site asses NOTE: Two copies of the site check/site asses reporting requirements specified in the UST site.	n confirmed? Tirmed releases to the Department enclosed with the assessment government	t Ecology? It thent of Ecology or delegated is checklist? Indicated to the Department of Educations.	d agency within cology accordin	JST 24 ang to the	No
2.	. Has a release from the UST system beer NOTE: Owners/operators must report all confidence. 3. Are the results of the site check/site assert reporting requirements specified in the UST state of the UST state o	n confirmed? Tirmed releases to the Department enclosed with the assessment government	t Ecology? It thent of Ecology or delegated is checklist? Indicated to the Department of Educations.	d agency within cology accordin	JST 24 ang to the	No
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UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

DEPARTMENT OF ECOLOGY INDERGROUND STORAGE TANKS

DEC 0 2 1992

The purpose of this form is to certify the proper investigation of an UST site for the presence of a release. These activities shall be conducted in accordance with Chapter 173.360 WAC. A description of the various situations requiring a site check or site assessment is provided in the guidance document for UST site checks and site assessments.

This Site Check/Site Assessment Checklist shall be completed and signed by a person registered with the Department of Ecology to perform site assessments.

Two copies of the results of the site check or site assessment should be included with this checklist according to the reporting requirements in the guidance document for UST site checks and site assessments.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address:

1. UST SYSTEM OW	NER AND LOCATION	4. 《京都·大學》	
UST Owner/Operator:	Holnam, Inc.		······································
Owners Address:	5400 West Marginal Wa	y SW	P.O. Box
	Seattle, WA 98106		
Telephone:	(206) 937-8025	State	ZIP-Code
rolophone.			
Site ID Number (on invo	ice or available from Ecology if tank is regist	ered): 00383	35
Site/Business Name:	Holnam, Inc.		
Site Address:	5400 West Marginal Wa	ay SW	
	Street		County
•	Seattle, Washington	98106	
	City	State	ZIP-Code
2. SITE CHECK/SIT	E ASSESSMENT CONDUCTED BY:		
Registered Person:	Ken A. Beaulaurier	. <u></u>	
·. Address:	200 South 333rd Stree	t Suite	120
	Sueet		P.O. Box
	Federal Way	WA	98003-6735
Telephone:	City (206) 838-7261	State	ZIP-Code

3.	TANK INFORMATION					
1.	Tank ID Number (as registered with Ecology)):3	2. Year installed:	19	176	
3.	Tank capacity in gallons: 1,0	000 gallon	4. Last substance stored:			
4.	REASON FOR CONDUCTING SITE CH	IECK/SITE ASSESSI	VENT			
C	heck one:			·		
	Investigate suspected release due	to on-site environmenta	al contamination			1
	Investigate suspected release due					
	Extend temporary closure of UST					
	UST system undergoing change-in					
	UST system permanently closed-i	in-place				
	XX UST system permanently closed v	with tank removed				
	Required by Ecology or delegated	d agency for UST systen	n closed before December 22,	, 1988		
	Other (describe):					
					·	
5.	CHECKLIST				2284	
1.	Each item of the following checklist shall it signature appears below. Has the site check/site assessment been consite check/site assessment guidance issued it.	nducted according to ap	plicable procedures specified		Yes	No
2	Has a release from the UST system been co	onfirmed?				
	NOTE: Owners/operators must report all confirme hours.		ent of Ecology or delegated agen	cy within 24		
3.	Are the results of the site check/site assessm NOTE: Two copies of the site check/site assessm reporting requirements specified in the UST site of	nent results must be submitt	ted to the Department of Ecology	according to the		
	I hereby certify that I have been in responsib Persons submitting false information are su			nt described abo	ove.	
	11-5-92 Date	Signature of Person Registered of	Aith Ecology			
6.	. OWNER'S SIGNATURE	P				
_	1/- 30 - 9 Z	Signature of Fank Owner or Auth	A Local Representative			
		Signature of Tank Compar of Auti	iensco representanta			

Department of Ecology-NWRO

	Department of Ecology-NWRO
	Underground Storage Tank Notice of Confirmed Release
	Underground Storage Tank Notice of Confirmed Release Notification received by W. Moon Date 10-6-9z Reporter name Susan Glashy, Bison Env. address 200 5. 333 hd st # 100 Fed Way 98003 phone no. 200 838 726/
r#:	Site name Holman Inc. site phone no. 937 8025 address 5400 W. Marginel Way SW city Sca county King zip 98/06
835	Site owner
c#: 004]	cityzip
	Consultant company see above phone no phone no
	Other contact phone no contact affiliation
	Material # Tanks Status/Date gasoline 2 1000 ps/ diesel 1 1000 ps/ waste oil 1 1000 ps/ heat fuel 1 1 Total number tanks: 3 Cleanup Status
	comments Site was excavated to remove 3 tanks. Remediating contamina soil or site. No aw encountered.
	Date inspected Investigator Referred to

DEPARTMENT OF ECOLOGY ERT SYSTEM - INITIAL REPORT/FOLLOWUP

COORDINATOR:	DOROTHY GLENN	UNIQUE RECORD	#:	N10470	I

REGION: N

DATE/TIME REC'D: 10/01/92 15:34:00

REPORT TYPE:

INITIAL

REPORTER'S NAME: SUSAN GLASBY

BUSINESS NAME: BISON ENVIRONMENTAL

BEST TIME

ADDRESS:

OR ANONYMOUS:

WORK PHONE: (206)-838-7261 EXT.

HOME PHONE:

TO CALL:

DETAILS ON INCIDENT:

COUNTY: KING WATERWAY: N/A

NEAREST CITY: SEATTLE WRIA #:

LOCATION:

WEATHER: UNKNOWN TIDE:

DETAILS ON ALLEGED VIOLATOR:

CONTACT'S NAME:

NAME & ADDRESS:

HOLMAN INC.

PHONE NUMBER AND EXT:

5400 W MARGINAL WAY S.W.

SEATTLE

WA 98106

VEHICLE INFORMATION:

DESCRIPTION OF CONTAMINANT: (PROVIDED BY REPORTER)

MEDIUM: SOIL

MATERIAL: OIL/PETROLEUM OTHER: GAS

QUANTITY: UNKNOWN SOURCE: UST/LUST

COMMENTS: DURING TANK REMOVAL FOUND GAS CONTAMINATION AT 827 PPM. WILL

CONTINUE TO EXCAVATE.

REFERRED TO PROGRAM: TCP	SECTION HEAD: GALLAGHER-LUST						
EXTERNAL REFERRAL? (Y/N): N							
IF EXTERNAL, WHAT AGENCY:							
INVESTIGATION COMPLETED? (Y/N): N / IF YES, COMPLETE SECOND PAGE OF FORM.							
